

**Patent Application Data Sheet****Application Information****Application Type:** Regular**Subject Matter:** Utility**Suggested****Classification:****Suggested Group Art****Unit:****CD-ROM or CD-R?:****Number of CD disks:****Number of copies of CDs:****Sequence submission?:****Computer Readable****Form (CRF)?:** Yes**Number of copies of CRF:****Title:** GAS DIFFUSION LAYER FOR AN  
ELECTROCHEMICAL CELL**Attorney Docket Number:** 9351-324**Request for Early****Publication?:** No**Request for Non-Publication?:** No**Suggested Drawing Figure:** 6**Total Drawing Sheets:** 6**Small Entity?:** No**Latin Name:**

**Variety of nomination**

nam :

Petition included?: No

Petition Type:

Licensed US Govt.

Agency:

**Contract or Grant**

Numbers:

Secrecy Order in

Parent Appl.?:

**Applicant Information**

Inventor Authority Type: Inventor

**Primary Citizenship**

Country: Canada

Status: Full Capacity

Given Name: Nathaniel

Middle Name: Ian

Family Name: Joos

Name Suffix:

City of Residence: Toronto

State or Prov. Of

Residence: Ontario

Country of Residence: Canada

Street of mailing address: 81 Annette Street

City of mailing address: Toronto

Stat or Province of  
mailing address: Ontario  
Country of mailing address: Canada  
Postal or Zip Code of  
mailing address: M6P 1N7

Inventor Authority Type: Inventor

Primary Citizenship  
Country: Canada  
Status: Full Capacity

Given Name: David  
Middle Name:  
Family Name: Frank  
Name Suffix:  
City of Residence: Scarborough  
State or Prov. Of  
Residence: Ontario  
Country of Residence: Canada  
Street of mailing address: 25 Cleethorpes Boulevard  
City of mailing address: Scarborough  
State or Province of  
mailing address: Ontario  
Country of mailing address: Canada  
Postal or Zip Code of  
mailing address: M1S 2S7

**Inventor Authority Type:** Inventor

**Primary Citizenship**

**Country:** Canada

**Status:** Full Capacity

**Correspondence Information****Correspondence Customer**

**Number:** 001059

**Phone Number:** 416-364-7311  
(Max. 3 telephone numbers)

**Fax Number:** (416) 361-1398

**E-Mail Address:** *imcmillan@bereskinparr.com*  
(Max. 3 e-mail addresses)

**Representative Information****Representative**

**Customer Number:** 001059

**Domestic Priority Information**

<b>Application:</b>	<b>Continuity Type:</b>	<b>Parent Application:</b>	<b>Parent Filing Date:</b>
This Application	Non-provisional of	60/431,235	12/06/02

**A sign Information**

Assignee name:	Hydrogenics Corporation
Street of mailing address:	5985 McLaughlin Road
City of mailing address:	Mississauga
State or Province of mailing address:	Ontario
Country of mailing address:	Canada
Postal or Zip Code of mailing address:	L5R 1B8